"Road to the Future"

Strategic Plan FY 2005-2008

IDAHO DEPARTMENT OF HEALTH & WELFARE

July 1, 2004

Dear Citizens,

By definition, strategic plans look forward. This plan certainly does that.
Strategic plans also are works in progress that change year to year based on
accomplishments made in previous years. That also is true of this new plan.

Karl Kurtz

Our vision, mission, values and goals remain
unchanged. We still strive to be leaders in the
important work of shaping Idaho's health and
human services system and ensuring its
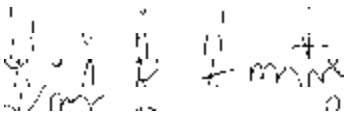sustainability. That's the vision.

It is extremely important to know if we are making
progress toward that vision. And as we make
progress, it is also important to replace the
objectives we have completed with new
objectives that will continue to carry us forward.
This plan does that, too. On page 4, you will find a
list of accomplishments.

This past year, we began addressing within this
plan exactly how we will measure our progress, not just in accomplishing
particular tasks, but also measures of the impact of our efforts. From this
baseline data, we will begin reporting our impact on Idaho's human
services system.

I fully expect that, as we continue with this plan, we will be able to show a
positive influence on that system. These measurements also will point out
where we need to improve. That's the kind of information we need as we
move toward realizing our vision.

Sincerely,

Karl B. Kurtz
Director

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Introduction

Our Strategic Plan continues to be our road map. As individuals and as an agency, we play an important leadership role in shaping human services policy in Idaho. With that leadership role comes the responsibility to demonstrate what our impact has been on the physical, economic, social, and behavioral health* of our fellow Idahoans.

Our mission is to actively promote and protect the economic, behavioral and physical health and safety of all Idahoans. Our goals concentrate on those areas where we and our partners can have an influence — improving health; strengthening individuals, families and communities; integrating health and human services; changing our organization's way of doing business; and aligning our structure, people and processes to achieve our vision.

We will do all these things using the values of integrity, customer service and quality. We expect you to see some changes in the way we do business.

The Department encourages everyone — people who work for us, people who use our services, people we work with to provide services, anyone who is interested in what we do — to join us on our journey.

We will build the path as we walk it. Your insights, talents and skills will be needed to create a future that provides the best possible services to our most vulnerable populations.

*For definitions, see page 24.

An organization's strategic plan should help people make informed decisions about the work they do. It must provide them with a tool they can use to determine where and how to devote their efforts, where to start building partnerships, and how to identify those programs we can no longer offer. This plan provides staff with such a tool. Last year, the Department implemented a measurement process that will allow us to see if we are meeting the goals we set for ourselves. This measurement process is called a "Balanced Scorecard" and is based on the premise that an organization must measure those things that it hopes to accomplish in order to achieve its goals. We have developed our scorecard to measure our progress as it relates to each of our goals and we have added desired outcomes – what we hope to achieve as the result of the work we do. Information about how we are doing at achieving our outcomes will be available at http://www2.state.id.us/dhw. Here is a brief overview of the goals we will work on:

Goal One, Improve Health Status, concentrates on the current and projected health of the state as a whole — its physical, mental, behavioral and economic health. By collaborating with citizens, health care providers and communities, we will be able to place more emphasis on what we should be doing as an agency. The desired outcome is that Idaho's people will improve and maintain good physical and behavioral health.

Goal Two, Strengthen Individuals, Families and Communities, has been developed so we can build a health and human services system to sustain our fellow citizens. This goal will help us adopt social and public policy best practices* and realign our system. The desired outcome for is that Idaho's children will live in permanent, safe homes and that Idaho's parents will have resources to protect, nurture and educate their children.

*For definitions, see page 24.

Goal Three, Integrate Health and Human Services, will help us work in more appropriate ways with all our partners. The Department is just one part of the health and human services system. By building better partnerships, we will provide the foundation to sustain the system, and our most fragile citizens. The desired outcome is that Idaho's communities will develop partnerships to create and sustain a health and human services system.

Goal Four, Apply Learning Organization Skills, will help our staff, managers and executives apply skills to improve the way we do our jobs and provide services. The desired outcome is that all employees will be knowledgeable, skilled and accountable in the Department's core competencies and learning organization disciplines and are able to support the business needs of the Department.

Goal Five, Align Structures, People, and Technology, will help our agency recreate itself based upon our new role and current and projected needs of our customers — the people of Idaho. We have several desired outcomes — we will treat our customers with courtesy, respect and dignity; we will provide services in an accountable, consistent and efficient manner; we will use resources provided to us in a fiscally responsible and efficient manner; tools we use to communicate about our programs and services will be delivered with a clear and consistent voice that reinforces this is one Department; and the infrastructure and technology used by the Department and our partners will be aligned and integrated so it provides the right information at the right time.

Strategic Plan Accomplishments - FY 2004

Goal 1 – Improve Health Status.
- The Idaho Health and Safety Assessment was completed. This document contains statistics about health conditions and behaviors that impact Idahoans. It identified three major issues for the Department to focus on: alcohol, tobacco and other drug use (ATOD).
- As a result, the Department implemented ATOD, an effort to pool resources to help clients and employees with alcohol, tobacco and other drugs. Self-Reliance staff were trained to discuss these issues with clients, Medicaid providers and the Immunization Program received materials for their clients about smoking cessation classes available through District Health Departments, and Department employees attended classes and were eligible to sign up for free on the Internet quit smoking support program called QuitNet. QuitNet also is available to clients.

Goal 2 – Strengthen Individuals, Families and Communities.
- A Social Policy Model was adopted. We use it to determine what areas of social policy to research and make recommendations for change.
- Statewide focus groups were conducted to gather opinions about issues relating to health, work, family, relationships, natural supports and community partnerships. This information is being used to determine what social policy initiatives will be implemented. For example, how can communities help develop local resources for people in need.
- Goal 2 has been revamped, and we will begin focusing on social policy issues related to economic security and access to health care providers.

Goal 3 – Integrate Health and Human Services.
- The desired outcome of this goal is to develop partnerships. In that line, the Department has identified these areas that

would benefit from building partnerships: children's mental health, the courts, substance abuse, and Healthy Connections, the Medicaid program that links clients with a primary care provider.

■ As a result, we are collecting and sharing data -- like leading causes of death and substance abuse rates -- with local communities about these areas so we can continue to develop partnerships on a local and statewide level.

Goal 4 – Become a Learning Organization.

■ The new Employee Orientation includes information about what a learning organization is.

■ The revised Guide to Employee Benefits and Policies will contain information about the learning organization.

■ A learning organization web site for individual and group learning was established.

Goal 5 – Align Structures, People and Technology.

■ The Any Door Initiative to integrate services was adopted. When implemented, clients who enter the health and welfare system through any door -- a field office, in a crisis, or through a referral like a court -- will have all of their needs assessed, from Food Stamps to Medicaid to child support, and appropriate services delivered.

■ We began implementation of the new service delivery model in Moscow and will continue implementing this model throughout the Department. We will start in Region 2 and move to our other locations over the next 12-18 months.

■ We completed a customer service survey, and 82 percent of our clients who took the survey said they were satisifed with the customer service they received.

■ An inventory of all data systems in the Department was completed, and this information, along with a data user's guide, is available on our internal web site for staff.

- The client directory project was completed which allows staff to have information about services our clients receive. A second business system for Family and Community Services is being integrated into the data warehouse which will help staff coordinate services for clients.
- We launched our internal "Balanced Scorecard." We will continue to develop this tool to help us make informed decisions about where to devote resources and determine what services seem to be the most effective.
- We completed a survey of our internal communication tool "Headline News" to determine its effectiveness at promoting a clear, consistent message. Fifty-six percent of staff surveyed indicated that this tool was helpful.
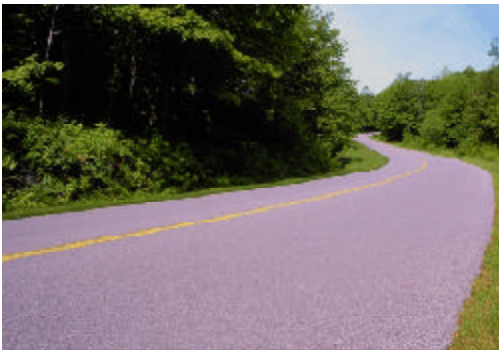
Vision, Mission, Values

Vision

Provide leadership for development and implementation of a sustainable, integrated health and human services system.

Our vision statement describes what we want to become in the next five to 10 years. Our vision is to build a lasting system that provides health and human services for all those in need. Because the Department is an important part of the service system, we must provide the leadership that brings together communities, families and providers to deliver the assistance that best fits the needs of Idaho.

Mission

**To promote and protect the
health and safety of Idahoans.**

*Our mission is to actively promote and
protect the social, economic, mental and
physical health, as well as the safety, of all
Idahoans.*

Values

**Integrity, customer
service and quality
are the foundation
for all Department
activities. A focus
on these values
will make us
successful.**

Integrity

Customer
Service

Quality

*The values statement
describes the standards we
use to serve Idahoans. Our
daily business will be
marked by a firm grasp on high moral standards — plus reliable
and prompt response in each service we provide to our customers.*

Goals

Goal 1

Improve health status.

Identify major health and safety risks to Idaho citizens and develop and implement strategies to reduce the risks.
Desired Outcome: Healthy People — Idaho's people will improve and maintain good physical and behavioral health.

Objective 1 – *The Department will collect, assemble and publish information on the status of the health and safety of Idahoans.*

Tasks

1.1 Every four years, the Department will collect and compile data for the Idaho Health and Safety Assessment publication.

1.2 Identify a core set of data that can be monitored on an annual basis as indicators of priority health and safety issues.

1.3 Compile indicator data on priority issues into an annual report.

Objective 2 – *The Department will prioritize health and safety issues.*

Tasks

1.1 Every four years, the Department will prioritize health and safety issues based on data in the Idaho Health and Safety Assessment.

Objective 3 – *The Department will develop strategies, set outcome measures and identify resources necessary to address priorities set in Objective 2.*

Tasks

1.1 Every four years, the Department will develop strategies, performance measures and necessary resources to address priorities set in Objective 2 and annually, evaluate and report the impact of the strategies on meeting expected performance measures.

Objective 4 — *The Department will assess options for meeting resource needs identified in Objective 3.*

Tasks

1.1 Every four years, the Executive Leadership Team will review and assess options for meeting resource needs.

Objective 5 — *The Department will evaluate the impact of strategies on improving the status of health and safety priorities.*

Tasks

1.1 Annually, the Executive Leadership Team* will review status indicators to assess appropriateness of health and safety priorities and the impact of strategies to address those priorities.

*For definitions, see page 24.

Goal 2

Strengthen individuals, families and communities.

Identify major social policy changes needed to strengthen individuals, families and communities.

Desired Outcome: Safe Children — Idaho's children will live in permanent, safe homes. **Stable Families —** Idaho's parents will have resources to protect, nurture and educate their children.

Objective 1 – *The Department will collect and publish information on issues related to health, work, family, relationships, natural supports and community partnerships, and prioritize the results of the findings.*

Tasks

1.1 Annually, based upon the Social Policy Model adopted by the Department, the Department will collect and compile data to determine what social policy initiatives related to improving child and family well being should be considered for prioritization.

1.2 Based upon the data gathered, prioritize policies and strategies based on practices believed to offer the best opportunity for improving child, family and community well-being.

Objective 2 – *The Department will identify resources necessary to develop strategies and performance measures to address the priorities set in Objective 1.*

Tasks

2.1 Every four years, the department will identify resources necessary to develop and implement strategies and performance measures to address the priorities set in Objective 1, and annually report the impact of these strategies on meeting the expected performance measures.

Objective 3 – *The Department will evaluate the impact of the strategies on improving child, family and community well-being.*

Tasks

3.1 Annually, the Executive Leadership Team will review the impact of these strategies on improving child, family and community well-being.

Goal 3

Integrate health and human services.

Apply models of establishing partnerships for a sustainable and integrated health and human services system with emphasis on priority areas, desired outcomes and information gathered in Goals 1 and 2.

Desired Outcome: Partnerships — Idaho's communities will develop partnerships to create and sustain our health and human services system with a focused, coordinated approach.

Objective 1 — *Prioritize areas and establish partnerships based upon desired outcomes of the Department.*

Tasks

1.1 Each year, the Department will establish priority areas of emphasis for partnerships and collaborative relationships for statewide intervention.

1.2 Based on these priority partnerships and collaborative relationships, develop appropriate tools and measures to evaluate the effectiveness of these partnerships and relationships.

1.3 Educate community partners, legislators and community leaders about Department priorities, and promote and advance community participation and commitment to those priorities.

1.4 Review effectiveness of partnerships and collaborative relationships and make any necessary revisions to our approaches.

Objective 2 — *Support and promote local community partnerships based on desired community outcomes and priorities.*

Tasks

1.1 Develop and share county by county scorecards of basic health, family, community and economic indicators.

1.2 Participate and provide leadership to educate key community leaders, legislators, and partners about indicators and needs and assets assessment data

1.3 Work with local leaders and partners to identify priority areas for intervention.

1.4 Provide leadership and participate in local collaborative initiatives to address priority community needs.

1.5 Provide technical assistance, coordinate efforts and share resources to advance local priority initiatives.

Objective 3 – *Promote and facilitate implementation of the Department's Any Door Initiative.**

Tasks

3.1 Promote integration of population-based services for prevention, outreach, information and referral, health education and community assessment through activities of various partnerships, by county planning and implementation of prevention strategies identified in Goals 1 and 2, and community education.

3.2 Facilitate integration of key functions (enrollment, crisis response, case planning, service provision and exit) for Department and public health services.

*For definitions, see page 24.

Goal 4

Integrate and apply the concepts of a Learning Organization.*

Promote opportunities for continual learning and application of the disciplines and competencies of a Learning Organization for all employees.

Desired Outcome: Competent Workforce and Leadership — All employees are knowledgeable, skilled and accountable in the Department's core competencies and learning organization disciplines and are able to support the business needs of the Department today and into the future.

Objective 1 — *Evaluate current organizational behaviors and processes to improve the Department's consistency and understanding of the concepts of a Learning Organization.*

Objective 2 — *Incorporate the principles of a Learning Organization into daily practice.*

Tasks

1.1 Design and develop Health and Welfare core skill and knowledge competencies for the five disciplines and add these to performance appraisals.

1.2 Assist in the development of staff development learning plans.

1.3 Encourage and support self-guided learning tools and resources.

*For a description of the five disciplines of a Learning Organization, see pages 26.

1.4 Align organizational learning resources with other learning opportunities throughout Health and Welfare.

1.5 Develop and implement a communication plan for Goal 4 to include specific tasks, duties and intended audiences. This plan will be used as a tool to incorporate the principles of a learning organization into daily practice.

Objective 3 — *Provide skill and knowledge building opportunities by offering diverse resources and tools.*

Tasks

1.1 Create organizational learning opportunities through workshops, seminars, internships, job shadowing, cross training, mentoring and coaching.

1.2 Analyze current training/programs to assist in integrating and applying the five disciplines.

1.3 Facilitate the use of internal and external programs and process which provide skill and knowledge application.

Objective 4 — *Create a supportive environment that provides the work processes, products, technology and resource allocations to enhance learning.*

Tasks

1.1 Consistently and uniformly inform employees of developmental resources and opportunities.

1.2 Assist in structuring work processes and programs to foster learning.

1.3 Identify learning excellence in the organization and share its application.

1.4 Use available technology to increase potential learning opportunities.

1.5 Explore new and meaningful ways to reward learning and organizational innovation.

1.6 Allocate appropriate funding and time for achieving staff learning goals.

Goal 5

Identify and recommend solutions for opportunities to align structures, people and technology while improving communication and customer service in support of the desired outcomes of all other goals.

Desired Outcome: Customer Satisfaction — We will treat all customers with courtesy, respect and dignity. We will provide services in an accountable, consistent and efficient manner.

Desired Outcome: Financial — We will use the resources provided to us in a fiscally responsible and efficient manner.

Desired Outcome: Technology — The infrastructure and technology used by the Department and our partners will be aligned and integrated so that it provides the right information at the right time.

Desired Outcome: Communication – The tools we use to communicate about our programs and services will be delivered with a clear and consistent voice that reinforces that this is one Department.

Objective 1 – Process and Structure - *Monitor implementation of the Service Integration Initiative.*

Tasks

1.1 Conduct research on best practices for integration of services and develop a model for the Department.

1.2 Propose method for integrated services.

1.3 Propose realignment and consolidation of field programs and Divisions.

1.4 Implement Integrated Service Model.

1.5 Evaluate the effectiveness of the realigned organizational structure.

Objective 2 – Customer Service -
Evaluate customer service plan outcomes using standards* adopted by the Department.

Tasks

1.1 Conduct research on best practices for measurement of customer services and develop a model for the Department.

1.2 Develop and design methodology to measure current levels of customer satisfaction.

1.3 Implement methodology and prepare reports to develop targets for performance.

1.4 Communicate results of measurements.

1.5 Revise standards as necessary.

Objective 3 – Communication - *On an annual basis, evaluate Department communications for effective use of a clear and consistent voice and alignment with the Department's Strategic Plan.*

*For customer service standards, see page 28.

Tasks

1.1 Assess current communication efforts.

1.2 Design and develop needed improvements to communication efforts.

1.3 Implement changes to communication efforts.

1.4 Evaluate effectiveness of changes.

Objective 4 — Technology - *Implement business systems that provide the proper level of information at the proper level of the organization and are aligned with business goals.*

Tasks

1.1 Assess how technology can provide the proper level of information at the proper level of the organization.

1.2 Design and develop business technology systems to provide the proper level of information at the proper level of organization.

1.3 Develop infrastructure to support business technology system.

1.4 Evaluate outcomes of those business systems annually.

Objective 5 — *The department will develop performance measures to improve the accountability, efficiency and effectiveness of targeted programs. Performance measures are a set of indicators that describe a selected program's success towards achieving desired outcomes. Accountability, efficiency, and effectiveness improve as activities are measured and reported. Performance measures also allow us*

to describe our service efforts and accomplishments as they support the Department's Strategic Plan and Any Door Initiative.

Tasks

1.1 Develop the internal ability to implement performance measures.

1.2. Establish and prepare a core team to lead the implementation of performance measures. i.e., define who the core leaders are, leverage existing performance knowledgeable staff, educate the team with literature and training, identify budget and resource needs.

1.3. Develop sustainable strategy for the development, implementation and operation of performance measures. Identify the project scope and initial target programs for developing performance measures.

1.4. Acquire and implement tools for developing performance measures.

1.5. Develop and implement strategies to educate and communicate the agency and stakeholders about performance measures.

2.1 Develop the internal ability to implement outcome measures.

2.2 Establish and prepare a core team to lead the implementation of outcome measures, i.e., define who the core leaders are, leverage existing knowledgeable staff, educate the team with literature and training, identify budget and resource needs.

2.3. Develop sustainable strategy for the development, implementation and operation of outcome measures. Identify the project scope and initial target programs for developing outcome measures.

2.4. Acquire and implement tools for developing outcome measures.

2.5. Develop and implement strategies to educate and communicate the agency and stakeholders about outcome measures.

3.1 Develop and implement selected measures.

3.2. Identify program(s) for developing measures.

3.3. Develop measures for the identified program(s). Determine the desired outcomes; identify the relevant indicators; establish data collection methods, presentation tools, and delivery methods.

3.4. Test data collection, reporting, and delivery methods.

3.5. Implement indicator data collection and reporting process.

3.6. Analyze and report measures.

3.7. Evaluate measures and delivery methods.

4.1 The core Team will annually assess validity of existing measures, and develop recommendations to modify existing measures as necessary, develop new measures, and eliminate obsolete measures.

4.2 Report results of performance and outcome measures and provide Team recommendations to ELT on an annual basis.

Terms

Any Door Initiative: The initiative is named "Any Door" because we want any door a client enters to be the right door to get the help they need. Right now, a client almost has to figure out our organizational structure to get what they need. We want to change that. We want any door to lead to healthy people, stable families and safe children. Its goals:

- Create a service delivery system that ensures accountability, consistency and efficiency.

- Create a service delivery system that provides comprehensive services to help clients reach their goals and transition to natural supports.

- Create a client-driven and outcome-based service system.

- Create a common enrollment process to provide easier access for clients.

- Create a single integrated case plan for families that contains any specialized service or treatment plan(s) developed with the family.

- Integrate population-based services into the new service delivery system.

Behavioral Health: Aspects or conditions that are related to mental, physical and spiritual well-being.

Best Practices: An integrated system of tools, techniques and training that the organization supports in order to provide its customers with high quality service.

Collaborative Framework Model: This model is used as a tool for communities to develop and sustain efforts to improve the lives of people who live in their area. More information is available here: http://crs.uvm.edu/nnco/collab/framework.html

Community Initiatives Model: Community Initiatives helps organizations, corporations and community collaborations shape change and create healthy and sustainable communities. More information about the model is available here: http://www.communityinitiatives.com/home.html

Community Linkages – Definitions of Relationships: There are five levels of relationships with differing purposes, structures and processes that help to strengthen partnership efforts. Those levels are networking (for focus on dialog, support, and information sharing); cooperation and alliance (for coordination of effort, limiting duplication, and task completion); coordination and partnership (to share or merge resources to address common issues); coalition (a more formalized partnership with roles and times limits defined); and collaboration (which is building an interdependent system to accomplish a shared vision with formal evaluation of efforts).

Community Change Model: An approach to community change to bring about initiatives that build long-term health and quality of life. The model provides strategies and tools for community improvement through shared vision, diverse participation and community ownership, system change, capacity building, progress measurement and outcomes.

Executive Leadership Team (ELT): This team is comprised of all Division Administrators, Regional Directors, Institutional Administrators, Deputy Directors and the Director.

Harvard's Pyramid of Care: The Pyramid of Care is a tool the Department uses to educate communities and regional and state groups about the full array of resources needed to build, fund and utilize community and family support resources statewide to relieve the pressure for crisis treatment and out-of-home care. Check here: http://www.prevnet.org/pyramid/about.html

Learning Organization*: The continuous testing of experience and the transformation of that experience into knowledge that is accessible to the whole organization and relevant to its core services. The core of learning organization work is based upon five learning disciplines, lifelong programs of study and practice:

1. ***Personal Mastery***: Learning to add to our own ability to create the results we most want, and creating organizational surroundings which encourage everyone to develop themselves towards the goals and purposes they choose.

2. ***Mental Models***: Thinking about and continually clarifying and improving our internal pictures of the world we live in and seeing how these internal pictures shape our actions and decisions.

3. ***Shared Vision***: Building a sense of commitment in a group, by developing shared images of the future we seek to create and the principles and guiding values by which we hope to get there.

4. ***Team Learning***: Developing communication skills so that groups of people can accomplish tasks that they would not be able to accomplish as individuals. This goes beyond team building to learning how to learn in a team setting and uses skills like critical thinking to help the team do its best work.

5. ***Systems Thinking***: A way of thinking about and a language for describing and understanding the forces and interrelationships that shape the behavior of systems. This discipline helps us see how to change systems more effectively and to act more in tune with the larger processes of the world in which our organization operates.

*From *The Fifth Discipline Field Book* by Senge, et al.

Natural Supports: Individuals or organizations who can provide a wide range of assistance, either free of charge or for a nominal amount, such as transportation, food, shelter, clothing, companionship, or fill other compassionate roles in one's life and are not a part of the Department of Health and Welfare

Outcomes: A bottom line condition of well-being for children, families or communities. Examples include: Children are born healthy, Idaho families are stable and self-sufficient, and Idaho communities are safe and supportive.

Indicators: Measurable data that an agency collects to determine if outcomes are successful. Examples of indicators include rates of preventable disease among children, child abuse, teen-age pregnancy, and drug use.

Performance Measures: A measure of how well we are working. Typical performance measures address matters of timeliness, cost-effectiveness, and compliance with standards. Performance measures look at both quality and quantity measures, e.g., how much service did we deliver, how much did we produce (quantity), how well did we deliver services, and how good were the services (are people better off – quality).

Stakeholders: People who will be impacted in some way by an action taken by an agency or other entity.

Customer Service Standards

- **Reliability:** We provide what we promise to each customer in an efficient, consistent and accountable manner.

- **Competence:** We gain our customers' trust and confidence by conveying knowledge and accurate information.

- **Caring:** We treat our customers with courtesy, respect and dignity.

- **Communication:** We communicate with our customers in a responsive, productive, clear and appropriate manner.

- **Resources:** We are committed to the efficient use and allocation of resources to support access and quality customer service.

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http://www2.state.id.us/dhw/